

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02-03	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 21, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(N) as amended by Section 4714(a) (1) (A) and (B) of P.L. 105.33	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ 2,275.66 b. FFY <u>2003</u> \$3,896.01
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 00-17)

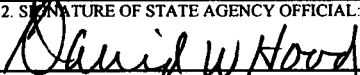
10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to provide for reimbursement for full co-insurance and deductibles for Medicare Part A inpatient hospital services provided in small rural hospitals and skilled nursing units in small rural hospitals.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material.**

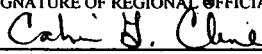
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 19, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 27 MARCH 2002	18. DATE APPROVED: 26 APRIL 2002
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 FEBRUARY 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: CALVIN G. CLINE	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
Other Medicaid Beneficiaries	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
Dual Eligible (QMB Plus)	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
QMBs:	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Title XVIII only services
			Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance-	Prescription Drugs
Other Medicaid Beneficiaries	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Prescription Drugs
Dual Eligible (QMB Plus)	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Title XVIII only services
			Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Prescription Drugs

TN# 02-03 Approval Date 04-26-02 Effective Date 02-21-02
Supersedes
TN# 00-17

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-27-02</u>	
DATE APPV'D <u>04-26-02</u>	
DATE EFF <u>02-21-02</u>	
HCFA 179 <u>LA-02-03</u>	